



## MIAMI-DADE COUNTY

### PRE-QUALIFICATION CERTIFICATION AFFIDAVIT

(PLEASE COMPLETE ALL SECTIONS – DO NOT ALTER THIS FORM)

1. Name of Firm: \_\_\_\_\_  
FEIN (Federal Employer Identification Number): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Firm Email address: \_\_\_\_\_
2. Name of Parent Company (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_
3. Name & Title of Contact Person: \_\_\_\_\_  
Contact Person Email address: \_\_\_\_\_
4. Please provide the following information (Check all applicable):
  - ☐ I hereby certify the company's Technical Certification expiration date is: \_\_\_\_\_
  - ☐ I hereby certify the company's Vendor Registration is active – last updated: \_\_\_\_\_
  - ☐ I hereby certify the company's Affirmative Action Plan expiration date is: \_\_\_\_\_
  - ☐ I hereby certify that all professional licenses are active with the State of Florida.

#### Technical Certification Category requests:

- ☐ I hereby request recertification for the previously held categories as indicated in the cover letter.
- ☐ I hereby request the category(ies) indicated in the cover letter be removed from our company's current Technical Certification status.

I hereby certify that to the best of my knowledge the information contained in this certification package is true and correct and that this firm is duly authorized to conduct business in the State of Florida and possesses the expertise to perform the work associated with the requested technical categories. I further certify that neither the firm nor any officer, director, employee of the firm, or any of its affiliates, has been criminally or civilly charged with antitrust criminal acts under state or federal law which involved fraud, bribery, conspiracy, antitrust violations or material misrepresentation with respect to a public contract. If after executing this affidavit there are any changes in the information submitted, the undersigned agrees to immediately inform Miami-Dade County of such changes in writing. If at any time the Miami-Dade County has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the County may refer the matter to the State Attorney's Office and/or other investigative agencies. The County may initiate debarment and/or pursue other remedies in accordance with Miami-Dade County policy and/or applicable federal, state and local laws.

Executed by:

\_\_\_\_\_  
Signature of CEO/President or Designated Representative

\_\_\_\_\_  
Printed Name of CEO/President or Designated Representative

Sworn before me

On this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public